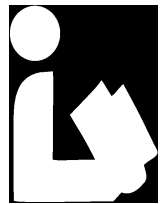




VOLUNTEER REGISTRATION FORM

Albany Public Library
2450 14th Avenue, SE
Albany, OR 97322
(541) 791-0112



Name: _____ Date: _____

Name you prefer to be called: _____ Birthday: _____

Home phone: _____ Cell: _____

Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Do you have any health considerations you would like us to know about? Yes No

If yes, give a brief description: _____

Emergency Contact

Name: _____ Relationship: _____

Phone number(s): _____

Education

Are you a Student? Yes No what grade? _____ Name of School: _____

College? Yes No Degree: _____ Major: _____

Experience and Skills

Are you presently employed? Yes No Retired? _____

Current Employer: _____

Work Phone: _____ May we call you at work? Yes No

Have you had previous volunteer experience? Yes No

Have you ever volunteered at the Albany Public Library? Yes No Year: _____

List name and address of an organization where you have volunteered, if applicable:

Organization _____ Location _____ Year _____

Supervisor Name & Phone: _____ Type of work: _____

(over)

Help us find the best volunteer placement for you:

List any special skills, interests or hobbies that might apply at the library _____

Where would you prefer to volunteer? Main Carnegie (Downtown)

Availability: Please indicate the hours and days you may be available to volunteer.

Do you have a Driver's License?

References and additional information:

Please list two people (non-relatives) who have knowledge of your character, experience, or ability:

Name: _____ Phone: _____

Name: _____ Phone: _____

Have you ever been convicted of a crime? Yes No

If yes, please give a brief description of the circumstances surrounding your conviction: including date, nature and place of offense and disposition. (Do not include violations or convictions sealed or annulled by court, or convictions incurred as a minor and expunged from the record). Convictions will not necessarily disqualify you from the position for which you are applying. _____

I declare that I have answered truthfully and have not knowingly withheld any information relative to my application.

I agree and understand that any omissions or misstatements on the application will result in my being eliminated from further consideration, or, if it becomes known after acceptance, my immediate dismissal from further volunteer work. I agree to work within my assigned area of responsibility without any monetary compensation, and be subject to worker's compensation coverage while on the job. I agree to follow all library and volunteer policies and procedures and I understand that while working as a volunteer, I will also positively represent the library, as does paid staff members.

By signing this application I agree to the above, and acknowledge that my references may be called and/or a criminal background check may be performed.

Signature: _____ **Date:** _____

Parent's signature (if applicant under 18): _____

If you have any questions regarding this application or the Albany Public Library volunteer program, contact LaRee Dominguez, Library Resources Coordinator at 541-791-0112 or laree.dominguez@cityofalbany.net

STAFF USE:

Interview date: _____ **Start Date:** _____

Placement: _____

Notes: _____